Recipient Committee		Type or n	Type or print in ink			STATEMENT OF ORGANIZATION		
		1, pc 01 p	Type or printing			Date Stamp		FORNIA 410
Statement Type	☐ Initiai				ination – See Part 5			Fdr-Official Use Only
	Not yet qualified or	List I.D. number:	L	List I.D. number:				
	Secretary and the secretary of the secre	_# 1334261	#	Ł			ZOIZ SEP	-4 PM 2: 47
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	Data qualified as somewith	Date qualified as		Doto (of Termination		THE	PICE OF
	Date qualified as committee Date qualified as committee (if applicable)			Date	remination	CITY OF MEMBORI BENCH		
1. Committee	Information				Treasurer and Other Pri	ncipal Off		indiandanja irradandini kalimpidanja promonana visiona analida
NAME OF COMMITT	TEE			·····	NAME OF TREASURER			
Maintain Our Residential Neighborhoods					Bettina Deininger			
	Ŭ				STREET ADDRESS (NO P.O. BOX)			
	*				417 Via Lido Nord	CA	92	
STREET ADDRESS (NO P.O. BOX)					CITY	STATE	ZIP CODE	AREA CODE/PHONE
417 Via Lido Nord					Newport Beach	CA	92663	(949)675-984
CITY	CONTROL OF THE CONTROL	STATE ZIP CODE	AREA CODE/PHOI	NE	NAME OF ASSISTANT TREASURER, IF AN	IY		
Newport Beac	h	CA 92663	(949)675-	9840	Joel Slutzky			*
MAILING ADDRESS			1.176	10 78	STREET ADDRESS (NO P.O. BOX)			eer valuus varantaa valuus varantaa koo uu on ku suu kasuntaan ka ku valta ka kuuluu muudukka k
	Newport Beach, CA 9:	2650			424 Via Lido Nord			
OPTIONAL: FAX / E		2009		****************	CITY	STATE	ZIP CODE	AREA CODE/PHONE
ST TRAINE TO WE	-WINCHDENCOO	2			Newport Beach	CA	92663	714-724-7043
***************************************				Maren construction	NAME OF PRINCIPAL OFFICER(S)			
COUNTY OF DOMIC		TY WHERE COMMITTEE IS ACCOUNTY OF DOMICILE	CTIVE IF DIFFERENT		Joel Slutzky			
Orange	and a second				STREET ADDRESS (NO P.O. BOX)			
Orange				***************************************	424 Via Lido Nord	***************************************		
Attach additional information on appropriately labeled continuation sheets.						STATE	ZIP CODE	AREA CODE/PHONE
					Newport Beach	CA	92663	714-724-7043
3. Verification		en e						
		eparing this statement an	id to the best of my	v knowle	dge the information contained here	in is true and c	omnlete I cer	tify under negalty of
perjury under the	e laws of the State of Calif	fornia that the foregoing	is true and correct		2 5 5	in to true ciria c	ompiete. Feel	my arider perianty or
Executed on	ugust 31, 2	1012	Ву	ille	ia beeninger	<i></i>		
	O DATE	***************************************	БУ — 1 -		SIGNATURE OF TREASURER		EASURER	
Executed on		TRACTION STORT STREET,	Ву					
	DATE	,	***************************************	***************************************	SIGNATURE OF CONTROLLING OFFICEHOLDER,	CANDIDATE, OR ST	ATE MEASURE PRO	PONENT
Executed on	DATE		Ву		SIGNATURE OF CONTROLLING OFFICE VOLUME	CANDIDATE		
Executed on					SIGNATURE OF CONTROLLING OFFICEHOLDER,	CANDIDATE, OR ST	ATE MEASURE PRO	FUNENI
EXECUTED OIL	DATE		Ву		SIGNATURE OF CONTROLLING OFFICEHOLDER,	CANDIDATE OR ST	ATE MEASURE PRO	PONENT